

Children's Mental Health Problems and the Need for Social Inclusion

November 18, 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

www.promoteacceptance.samhsa.gov



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*The Moderator for this call is **Holly Reynolds Lee**.*



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Questions?

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing '*1' on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it was received. On hearing the conference operator announce your name, you may proceed with your question.



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Speakers

Darcy Gruttadaro, JD, Director of the Child & Adolescent Action Center at NAMI, the National Alliance on Mental Illness

Under Ms. Gruttadaro's direction, NAMI's Child & Adolescent Action Center focuses on building effective partnerships, addressing the needs of families and caregivers, and driving the debate in reforming the children's mental health system. Ms. Gruttadaro serves on many national task forces, coalitions, and has been an advisor on multiple National Institute of Mental Health (NIMH) research grant projects.

Before joining NAMI in 2000, Ms. Gruttadaro worked as an independent legal advisor and policy analyst for the American Managed Behavioral Healthcare Association (AMBHA) and practiced law with the law firm of Harris, Beach & Wilcox. She also served as a law clerk to the Honorable Kenneth R. Fisher in the U.S. District Court in the Western District of New York. Ms. Gruttadaro earned her Juris Doctor degree from Western New England College School of Law and her Bachelor of Science degree from Clarkson University.



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Speakers

Brianne Masselli, Youth Coordinator, Thrive

Brianne Masselli is the Youth Coordinator for Thrive, Maine's Trauma Informed System of Care. Brianne has overcome much adversity within her adolescent years that motivated her to pursue a career in social services. Ms. Masselli has utilized her personal experience in the system to advocate, empower and create systems change. Ms. Masselli received her Bachelor's degree in Criminal Justice and Psychology from Johnson & Wales University in Providence Rhode Island. Ms. Masselli currently is a member of Youth M.O.V.E National and is enrolled at University of South Florida for the certificate program for Children's Mental Health.



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Speakers

Deborah Cavitt, Project Coordinator, Minnesota Association for Children's Mental Health

Deborah Cavitt is a project coordinator for Minnesota Association for Children's Mental Health, a non-profit statewide organization providing education and advocacy for parents and professionals. Deborah works with schools, children, parents, and professionals to educate and advocate in order to increase understanding and reduce stigma related to children's mental health disorders.

Deborah has a master's degree in human services and a Minnesota Teaching Certification. She was a teacher for more than 20 years working mostly on the White Earth Indian Reservation in Northern Minnesota. She has also worked as a substance abuse prevention specialist in Iowa. She formed and coordinated the Washington County Safe Coalition in Washington, Iowa through SAMHSA's Drug Free Communities Support Program Grant.



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More information

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Children's Mental Health and the Need for Social Inclusion

***Resource Center to Promote
Acceptance, Dignity, and Social
Inclusion ~ November 2008***

Darcy Gruttadaro, Director NAMI Child &
Adolescent Action Center



Overview of Children's MH

- 10% of C&A in the US suffer from MI that causes significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
- 50% of cases of MI begin by age 14 and on average it takes ~ 8-10 years between onset of symptoms and intervention (NIMH, 2005).
- About 20% of C&A with MI are identified and receive MH services (Mental Health: A Report of the Surgeon General, 1999).



Framing the Discussion

Challenges in Promoting Social Inclusion: *The Child Perspective*

- Symptoms impact behavior, mood, the ability to learn, to follow rules, and to get along with others.
- Children with MI are often teased, ridiculed, bullied, and rejected.
- Results in low self-esteem and social isolation.



Framing the Discussion

Challenges in Promoting Social Inclusion: *The Child Perspective*

- Children often feel sad, odd, and different and as if no one likes them.
- Often not invited to social events (birthday parties and sleepovers), or asked to join social activities (pick up games, playground games), and are just plain left out.



Framing the Discussion

Challenges in Promoting Social Inclusion:

The Family Perspective

- Shame and blame – families are asked what is going on at home, families ask themselves what is going on, is it my fault.
- Social withdrawal – MI is often loaded with baggage – stigma, misunderstanding, and myths.
- Families often experience confusion, sadness and frustration with changes in their child.
- Extended family may not accept a diagnosis.
- Siblings struggle too ... often wondering what if friends come over and my sibling acts out ... how does all of this reflect on me.



Framing the Discussion

Predictable Stages of Emotional Reaction for Many Families ...

- Dealing with the Catastrophic Event – crisis/shock, denial, hoping-against-hope.
- Learning to Cope – anger/guilt, recognition that this is reality, grief over uncertain future for the child and family.
- Moving into Advocacy – understanding what the child is going through, acceptance, and action. Families learn they are not alone.



Framing the Discussion

Challenges that children face in school:

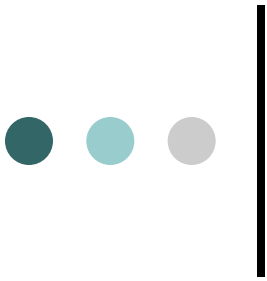
- Labeled as bad, lazy, or dumb.
- Punitive measures taken that socially isolate the student – special chair, loss of recess, time out, and more.
- Students lack friends, are not included in group activities and are made to feel like an outsider.
- Many students refuse to go to school ... but school professionals can also actively seek to make the student feel more welcome.



Framing the Discussion

Moving from Isolation to Inclusion ...

- Education is key -- stigma reduction through education and awareness building about MI for children, adults and child-serving professionals (TV and media).
- Share stories that include children and adults with MI in a positive light and that show positive outcomes with early and effective services and supports.
- Remove feelings of blame for families and find opportunities to offer support.
- Communicate that MI is an illness like any other and with the right interventions, nearly all children can reach their full potential.
- Find creative and innovative ways to help children feel valued, to help them develop friendships, and to help them know that people care about them.



Contact Information

Darcy Gruttadaro

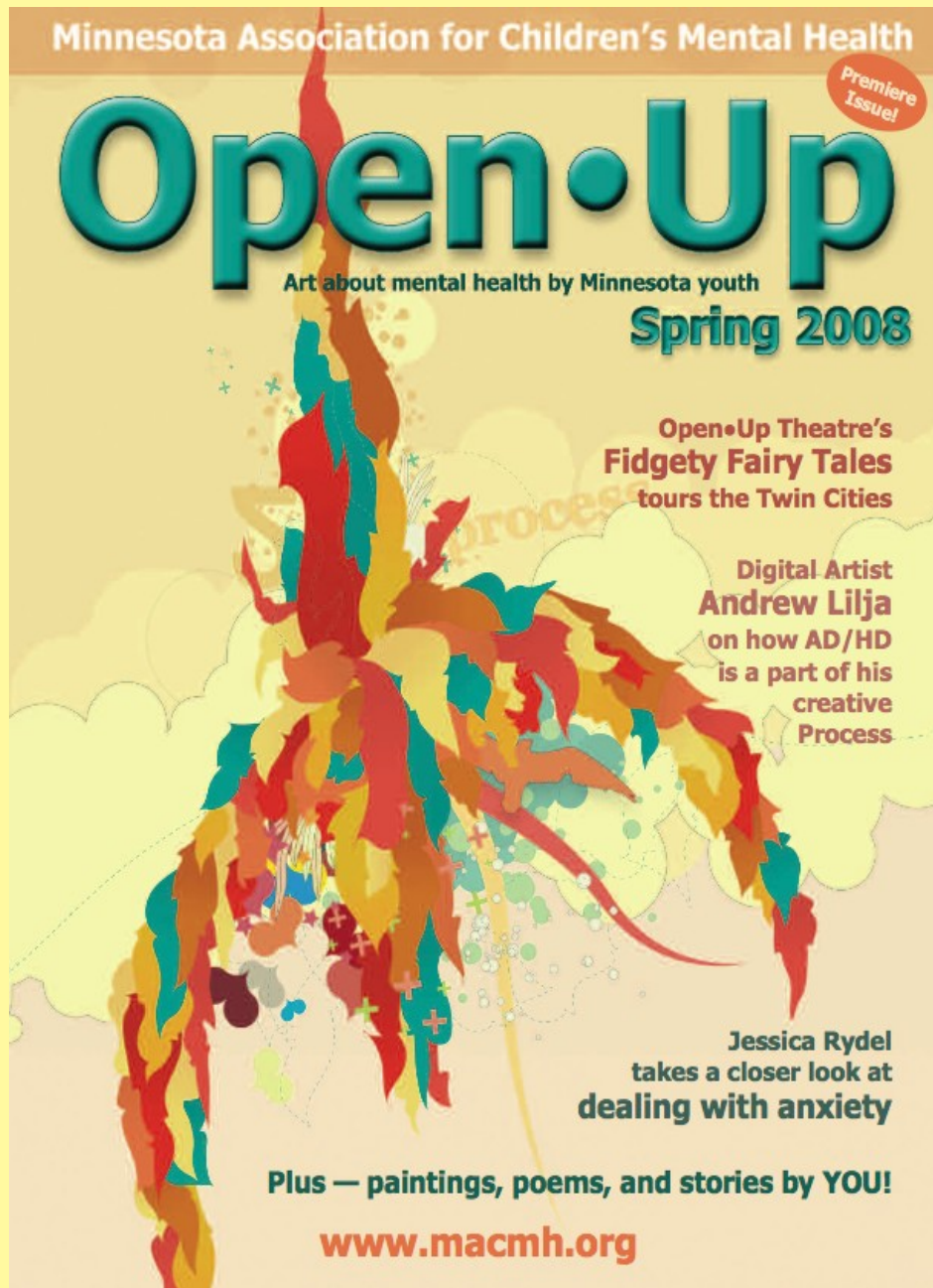
Email: darcy@nami.org

Visit our web site:

www.nami.org/CAAC

Personal Story By Brianne Masselli





Minnesota Association for Children's Mental Health

**Innovative Projects
to
Raise Awareness
Reduce Stigma
And Create
Positive Images
of Young People with
Mental Health Disorders**



Open Up

Multi-Media Campaign

Teens Take On Stigma



taking a closer look at mental health

**key warning signs of
mental health disorders**

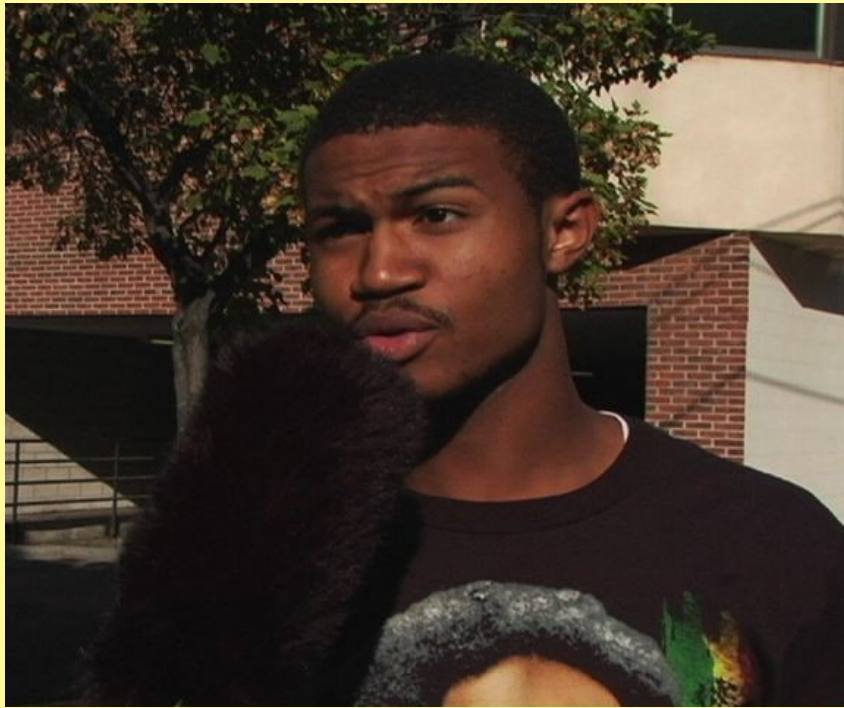


Recognizing Children's Mental Health Disorders

A friend may be the first to see a mental health problem.

By understanding the nature of mental health and what to do next, **friends** can support each other and make it OK to ask for help!

On The Street Interviews



Regarding Attitudes
Towards Mental
Health Disorders





A Teen with Bi-Polar Disorder Emphasizes Her Strengths



A Parent Catalyst Shares the Story of Her Family's Challenges Navigating the Systems of Mental Health

SADNESS
THAT WON'T GO AWAY

IRRITABLE
ALL THE TIME

CONSTANT
WORRYING



1 IN 5 CHILDREN STRUGGLES WITH
A MENTAL HEALTH DISORDER.



Minnesota Association for Children's Mental Health • www.macmh.org

PHOTO BY V. PAUL WITKOWSKI DESIGN BY NATHAN JENSEN

MENTAL HEALTH





The better to distract you with, my dear!



1 in 20 children have a mental health disorder called AD/HD (Attention Deficit/Hyperactivity Disorder)

Children with AD/HD need timely, effective treatment.
With the support of family and friends, they can learn to manage the
symptoms of AD/HD and lead happy, successful lives.

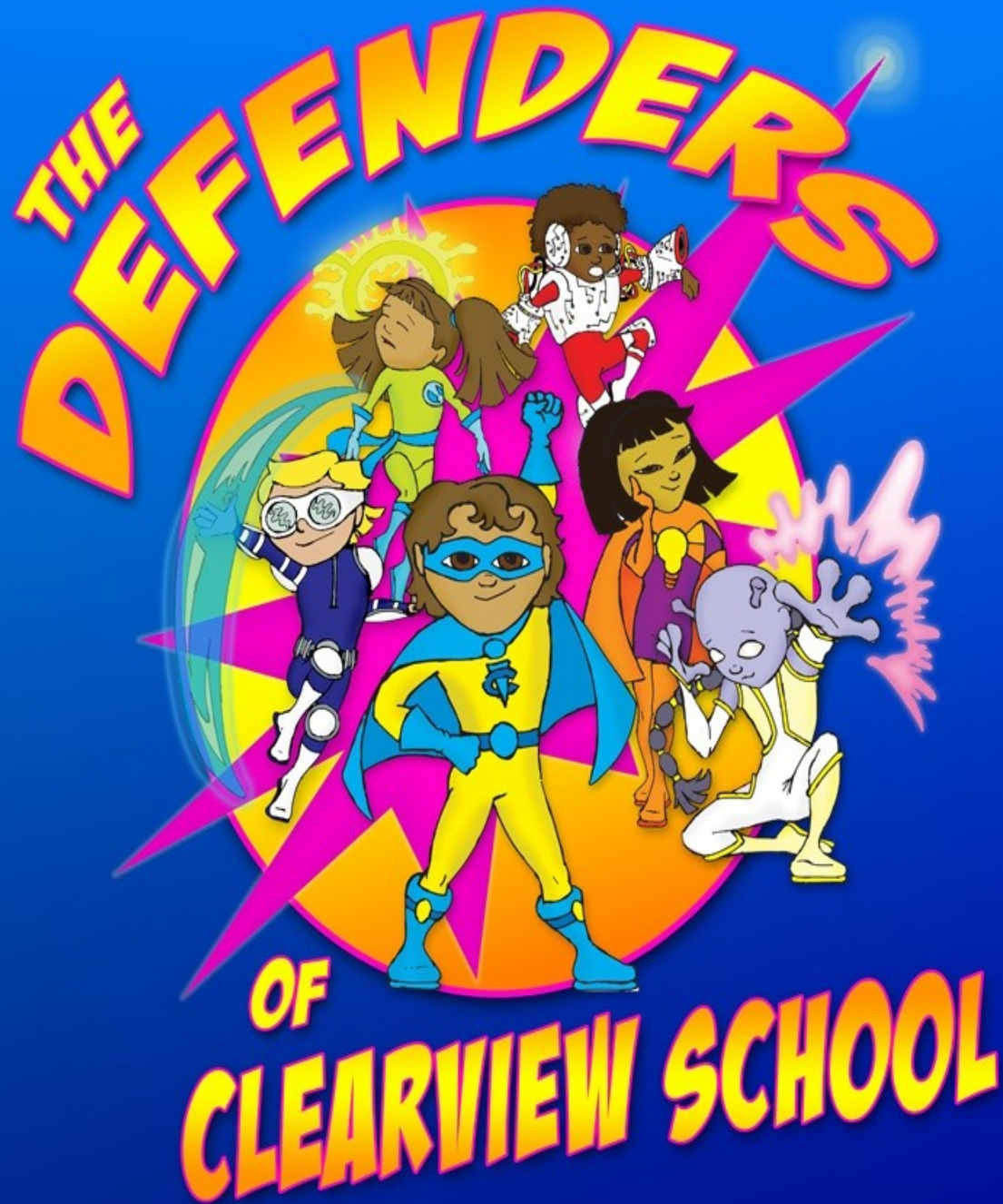
Have questions or concerns about children's mental health?

Contact Minnesota Association for Children's Mental Health
800-528-4511 • www.macmh.org

photographs by © Paul Vetterlin - images by Matt Jansen







THE STUDENTS IN MISS PRINCE'S CLASS DECIDED THEY WERE GOING TO PLAY SOCCER DURING THEIR BREAK. AS EVERYONE HEADED OUTSIDE, **SONIC STOP-IT** FOUND HIMSELF ALONE IN THE CLASSROOM WITH THE NEW STUDENT, CONNOR.

SUDDENLY, CONNOR TRANSFORMED INTO **LONE WOLF**. FRIGHTENED, **SONIC** TRIED TO GET AWAY, BUT **LONE WOLF** WAS TOO FAST AND BLOCKED THE DOOR.

YOU'RE NOT GOING ANYWHERE, BRAINIAC! I CAN ALREADY TELL THAT YOU ARE ROTTEN AT SPORTS.

DON'T EVEN BOTHER COMING OUTSIDE, YOU BIG NERD!

OK, I HAVE TO STAY CALM. I CAN HANDLE THIS. I'M SETTING MY **VOICE VOLUMIZER** TO "ASSERT."

NOW I JUST NEED TO THINK OF SOMETHING ASSERTIVE TO SAY!



CREATIVE POWERS

HERE ARE MY SUGGESTIONS
FOR YOUR SUPER POWER. PICK ONE OF
THESE OR MAKE UP YOUR OWN! REMEMBER,
VIOLENCE ONLY MAKES BULLYING WORSE,
SO NON-VIOLENT POWERS WORK
THE BEST.



ANIMATION POWERS

YOU HAVE THE ABILITY TO BRING TO LIFE
WHATEVER YOU DRAW, PAINT, SCULPT, OR
BUILD. YOU DRAW A HIPPO AND IT JUMPS OFF
THE PAGE. YOU SCULPT A DRAGON OUT OF
CLAY AND IT COMES TO LIFE. YOU BUILD A
SPACESHIP OUT OF LEGOS AND
IT STARTS TO ZOOM AROUND
THE ROOM.

MAGIC MUSIC

YOU ARE ABLE TO WEAVE A MAGIC SPELL
BY SINGING OR PLAYING AN INSTRUMENT. FOR
EXAMPLE, YOU SING A LULLABY AND MAKE
A BULLY FALL ASLEEP.

DANCING POWER

YOUR DANCING GIVES YOU A SPECIAL ABILITY
LIKE TURNING INVISIBLE, CONTROLLING THE
WEATHER, OR CREATING A
FORCE FIELD.

TELEPATHIC CAMERA

YOU FIND A SPECIAL CAMERA THAT TELEPATHICALLY
TRANSMITS THE PICTURES YOU TAKE TO TRUSTED ADULTS.
FOR EXAMPLE, YOU TAKE A PICTURE OF A BULLYING
SITUATION, AND ADULTS IMMEDIATELY KNOW
WHAT IS GOING ON..



BULLIES

COME IN ALL SHAPES AND SIZES
AND USE DIFFERENT STRATEGIES
TO PICK ON OTHER KIDS.





Expressions of the Mind Through Art By Minnesota Youth MACMH's Annual Benefit

College of Visual Arts
Gallery

Helping Young Artists Reduce the Fear and
Misunderstanding that Surrounds Mental Health

Celebrating
With
Art, Music,
Poetry, Drama,
and Hip-Hop
Created
By Youth
With
Mental Health
Disorders



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Resources

American Academy of Child & Adolescent Psychiatry, *Services In School For Children With Special Needs: What Parents Need To Know*

<http://aacap.org/page.wv?name=Services+in+School+for+Children+with+Special+Needs:+What+Parents+Need+to+Know§ion=Facts+for+Families>

Caring for Every Child's Mental Health Campaign (SAMHSA)

<http://mentalhealth.samhsa.gov/child/>

Children's Defense Fund, Child Welfare and Mental Health Division

http://www.childrensdefense.org/site/PageNavigator/policy_cwmh

Federation of Families for Children's Mental Health, <http://www.ffcmh.org/>



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Resources

NAMI Utah's Hope for Tomorrow, <http://www.namiut.org/hope.htm>

Pathways to Promise, *Working with the Family - Impact of Mental Illness on Families*
<http://www.pathways2promise.org/family/impact.htm>

School-Age Children's Perceptions of Mental Illness by Ada Spitzer and Cheryl Cameron,
originally published in the Western Journal of Nursing Research
<http://wjn.sagepub.com/cgi/content/abstract/17/4/398>

Stigmatizing Media Images Affect Children by Otto Wahl, Ph.D.
<http://www1.nmha.org/newsroom/stigma/wahl/index.cfm>

Youth M.O.V.E. National, <http://youthmove.us/>



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Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately five minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **1-800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center via e-mail at promoteacceptance@samhsa.hhs.gov.



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